


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000042969 1. Entity Name BROWN BROTHERS CLEANING SERVICE L.L.C.						<div style="transform: rotate(-15deg);"> FILED 07 DEC -7 PM 1:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 9503 FOREST GROVE ROAD TALLAHASSEE, FL 32305				Mailing Address 9503 FOREST GROVE ROAD TALLAHASSEE, FL 32305			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BROWN, TERRY 9503 FOREST GROVE ROAD TALLAHASSEE, FL 32305				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00			In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, TERRY 9503 FOREST GROVE ROAD TALLAHASSEE, FL 32305			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 500113041495 12/11/07--01042--001 **50.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, VINCENT P.O. BOX 135 WOODVILLE, FL 32362			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: <u>Terry Brown</u>				Date <u>12-7-07</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							